

FLORIDA DEPARTMENT OF HEALTH  
CHILD CARE FOOD PROGRAM WAIVER REQUEST

**1. State agency submitting waiver request and responsible State agency staff contact information:**

Florida Department of Health  
Bureau of Child Care Food Programs  
4052 Bald Cypress Way, Bin A-17  
Tallahassee, FL 32399

Renee Kane, Bureau Chief  
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**2. Region:**

Southeast Regional Office (SERO)

**3. Eligible service providers participating in waiver and affirmation that they are in good standing:**

The Florida Department of Health, Bureau of Child Care Food Programs (CCFP) is requesting this waiver on behalf of the State Agency (SA).

**4. Description of the challenge the State agency is seeking to solve, the goal of the waiver to improve services under the Program, and the expected outcomes if the waiver is granted. [Section 12(I)(2)(A)(iii) and 12(I)(2)(A)(iv) of the NSLA]:**

CCFP is requesting the following statewide waiver due to the COVID-19 pandemic:

To allow the State Agency up to 45 days after receipt of a complete new application, to notify the applicant if the application to participate is approved or denied. This would waive the State Agency's requirement to notify within 30 calendar days, per Federal regulations. Due to the disruption to "normal" office operations caused by the COVID-19 pandemic, we request that this waiver be approved. We have developed a plan to continue processing applications within the 30-day window but, we realize that there are many issues that could arise preventing success of the plan.

Our application process is a two-step process involving not only our Tallahassee staff, but also our field staff. It is also a paper process. In the span of a few weeks the SA has restructured our in-house processing of applications several times to accommodate the changes in practicing social distancing and teleworking. Changes such as these, done in such stressful times, could result in an application not being timely processed.

The SA anticipates that if the waiver is granted, the SA will continue to diligently process applications to allow centers to participate in the CCFP while adhering to accommodations made to practice social distancing.

**5. Specific Program requirements to be waived (include statutory and regulatory citations). [Section 12(I)(2)(A)(i) of the NSLA]:**

7 CFR 226 Citation	Requirement to be Waived
7 CFR 226.6(b)(3)	<i>State agency notification requirements-</i> "Any new or renewing institution applying for participation in the Program must be notified in writing of approval or disapproval by the State agency, within 30 calendar days of the State agency's

	receipt of a complete application. Whenever possible, State agencies should provide assistance to institutions that have submitted an incomplete application. Any disapproved applicant institution or family day care home must be notified of the reasons for its disapproval and its right to appeal under paragraph (k) or (l), respectively, of this section.”
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**6. Detailed description of alternative procedures and anticipated impact on Program operations, including technology, State systems, and monitoring:**

CCFP will provide detailed information and instructions to all staff processing applications. The CCFP staff processing applications will continue to make every effort to process completed applications in a timely manner.

**7. Description of any steps the State has taken to address regulatory barriers at the State level. [Section 12(l)(2)(A)(ii) of the NSLA]:**

No barriers have been identified at the State Agency level. There are currently no state-level regulatory barriers related to this specific issue.

**8. Anticipated challenges State or eligible service providers may face with the waiver implementation:**

We do not anticipate that this waiver will present any challenges to the State Agency or to CCFP contractors.

**9. Description of how the waiver will not increase the overall cost of the Program to the Federal Government. If there are anticipated increases, confirm that the costs will be paid from non-Federal funds. [Section 12(l)(1)(A)(iii) of the NSLA]:**

The requested waiver is not intended to increase the overall cost of the Program to the Federal Government. Since many child care centers, day care homes, and afterschool meals programs have closed completely, the overall cost to the Program is anticipated to be less than pre-COVID-19 costs.

**10. Anticipated waiver implementation date and time period:**

The waiver will begin upon approval of USDA national office and is requested to remain in place through the end of the Federal Fiscal Year (September 30, 2020), unless otherwise specified above.

**11. Proposed monitoring and review procedures:**

CCFP staff will work on the implementation, and reporting of this waiver.

**12. Proposed reporting requirements (include type of data and due date(s) to FNS):**

CCFP will provide a report about the use of the waiver to USDA by December 31, 2020. This report will provide data and an analysis of the waiver impact to include:

1. A description of how the waiver impacted meal service operations, children’s access to nutritious meals, and participation in the CCFP
2. A description of how the waiver impacted the quantity of paperwork necessary to administer the program
3. The number of CCFP contractors that used the waiver
4. The number of meals served at sites that used the waiver
5. A summary of findings, if any, associated with the use of the waiver

**13. Link to or a copy of the public notice informing the public about the proposed waiver [Section 12(l)(1)(A)(ii) of the NSLA]:**

[www.floridahealth.gov/ccfp](http://www.floridahealth.gov/ccfp)

**14. Signature and title of requesting official:**

*Renee Kane*

Renee Kane, MPH, RD, LD

Bureau Chief

Bureau of Child Care Food Programs

Address: 4052 Bald Cypress Way, Bin A-17, Tallahassee, FL 32399

Requesting official's email address for transmission of response: [Renee.Kane@flhealth.gov](mailto:Renee.Kane@flhealth.gov)

**TO BE COMPLETED BY FNS REGIONAL OFFICE:**

*FNS Regional Offices are requested to ensure the questions have been adequately addressed by the State agency and formulate an opinion and justification for a response to the waiver request based on their knowledge, experience and work with the State.*

**Date request was received at Regional Office:**

☐ **Check this box to confirm that the State agency has provided public notice in accordance with Section 12(l)(1)(A)(ii) of the NSLA**

☐ **Regional Office Analysis and Recommendations:**